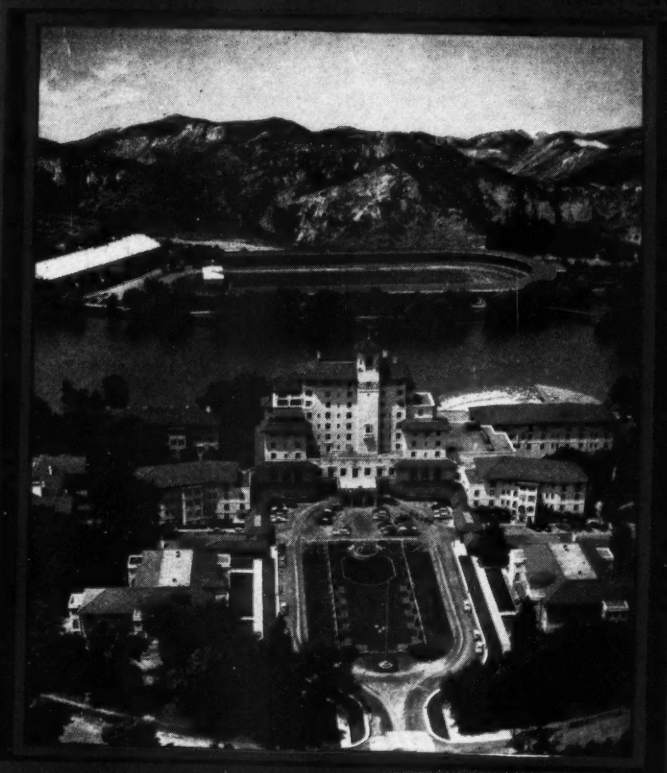
Oral Hygiene

SEPTEMBER 1952



The Broadmoor Hotel, Colorado Springs, Colorado, where the Sixty-Sixth Annual Meeting of the Colorado State Dental Association will be held October 5-8.

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VOL. 42, NO. 9 **Oral Hygiene** SEPTEMBER 1952

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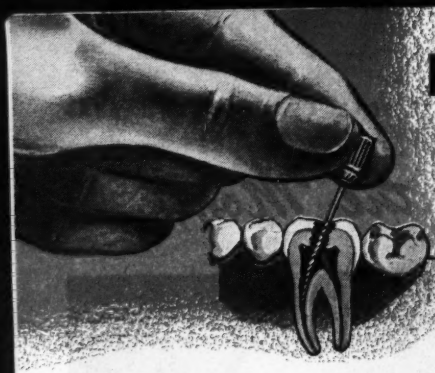
Picture of the Month

REAR ADMIRAL A. R. Harris (DC) USN, and Mrs. Harris, leaving Honolulu, where Admiral Harris was attached to the Fourteenth Naval District in Pearl Harbor. He was transferred to the Ninth Naval District, with headquarters at Great Lakes, Illinois, to assume charge of dental activities. (*Photograph by the United States Armed Forces.*)

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 *Church Street, Evanston, Illinois.*



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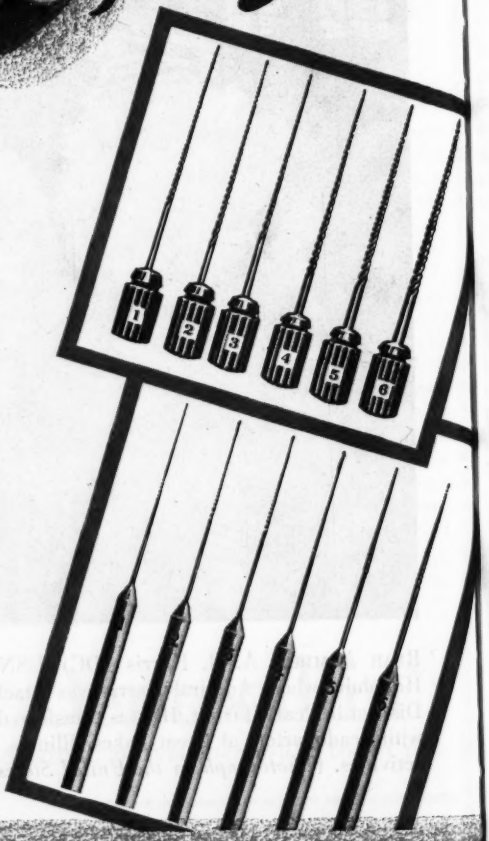

KERR

REG. U.S. PAT. OFF.

PULP CANAL INSTRUMENTS

Is the Dental Practitioner Due for a

STYLE CHANGE?

BY M. A. TRAVASCIO

Clothing that contributes to personal comfort is a factor in reducing fatigue and increasing chair-time productivity.

How would you respond if some one should suggest that you have your name embroidered in large script letters on the back of your office coat together with the single word—"dentist." Surely you have seen examples of this type of uninhibited identification.

Reactions to equally radical proposals have been known to shoot professional blood pressure sky high. But undoubtedly you would react quickly after a moment of calm consideration of the silly suggestion. "To begin with," you might reply with a smile, "I do not wear a uniform."

That statement might require some difficult explaining. You say you do not wear a uniform, but isn't a uniform after all a regulation type dress worn by the individual members of any group? If you are in your office as you read this, take a few seconds to study your appearance in the nearest mirror. The chances are you have on a starched white coat, and if you are a brave soul the coat may have one of the high, buttoned-at-the-throat, mandarin-type collars. There must be some reason for the general acceptance of this type of apparel, but have you ever attempted to justify this contributor

to frequent discomfort among dental practitioners? Remember not to fall back on the excuse that "Most every other dentist I know dresses this way" because you have already eliminated the "uniform" idea. And the responsibility cannot be placed on the linen supply dealer. He is in business to satisfy a demand, not to create it.

As you attempt to answer the "why" of this question, you may be inclined toward the feeling that the white coat, and perhaps matching trousers, assist in the creation of a professional appearance. However, if you have visited a physician lately you undoubtedly have noticed that he performs most of his professional duties in what is commonly termed a "business suit." Also if the occasion for you to sit in on an operation has presented itself during the last few years, it must have become obvious to you that surgeons and their assistants are adopting green—and unstarched green at that.

I have always accepted the association of starched white with the "professional air" until a recent visit to a large metropolitan dairy. In the plant and in sections of the building devoted to other phases of the dairy's operation, men and women wearing white coats—some buttoned tightly at the neck—could be seen working or walking about. Despite the similarity of appearance, there seemed to be no need for so many dentists in an organization devoted to the distribution of dairy products. As it developed, these men and women in white were laboratory workers or in charge of packaging machines. It was then that any belief in the "professional air" created by such uniforms evaporated quickly.

Unnecessary Discomfort

Actually it was an eastern practitioner, or rather two dentists with offices in the same section, who provoked a discussion and investigation of this subject. The first practicing dentist was stifling one summer day while treating a patient who was relaxed in the comfortably mild temperature of the operating room. The patient in the chair was enjoying the benefits of a room temperature around 76 degrees, although outside thermometers were climbing to the high eighties. An air conditioner was at work.

"You look uncomfortably warm, doctor," the puzzled patient commented. "Don't you feel well?" The dentist forced a smile as he assured the young fellow that his problem was not one of health. "It's this coat," he snapped as though directing the remark to the garment. "If I stood in a steam bath I could not be much warmer." The dentist was correct. He had isolated the outstanding reason for considerable discomfort among dental practitioners. The starch in the coat sealed off any circulation of air from his hips to his shoulders, and the close-fitting

collar prevented the possible escape of body heat.

In an attempt to be helpful the patient asked, "Why don't you take off your coat?" The dentist shook his head. "I don't believe my patients would look favorably on the idea of my operating in my shirt sleeves." He probably recalled the woman patient who had told him of her experience with a practitioner who chose to fight high office temperatures by wearing short-sleeved sport shirts. "His hairy arms and decolletage gave me the feeling that a gorilla was correcting my dental ills," the woman said grimly. "There may be a place for such he-man touches, but I do not believe that place is in a dental office," she insisted. Faced with the suggestion that he remove his coat and his recollection of the woman's comments, the dentist elected to remain uncomfortable in the same type of clothing worn by so many of his fellow practitioners.

Novel Coat Design

A contrasting situation exists in the office of a second dentist located in the same community. A thermometer placed in the operating room might indicate a temperature of approximately 75 degrees, yet this practitioner enjoys the same relaxed comfort as his patients. Anyone studying the dentist to determine the reason for his obvious physical contentment might not discover the reason at a casual glance. He wears a coat—or he appears to. His tie, however, which is clipped neatly five or six inches below the knot, is not partly concealed as it is when a man wears a buttoned coat. Yet from his chest to well below his waist he is covered by a dark-cream-colored coat having two patch pockets and a section of belt sewed in the back to give a slight form fit. From his chest upward the picture changes. This portion of his torso is clothed in what appears to be a dress shirt complete with conventional shirt collar finished with a tie having a colorful but "quiet" design. The combination creates an interesting and attractive effect.

If you were to ask this practitioner to name the "thing" he wears the year around in his office he might describe it as a shirt coat. And that is what it is, a union of the desired features of a shirt and a coat, fashioned from material with more body than broadcloth but considerably lighter than the linen or cotton from which coats are woven.

This novel creation is the work of the dentist's wife who fashioned it as a relief from the insulating

★ ★ ★ ★ ★ ★ ★ ★

ORAL HYGIENE AWARD

This article by M. A. TRAVASCIO has won the $100 ORAL HYGIENE award for the best feature published this month.

★ ★ ★ ★ ★ ★ ★ ★

properties of the garments her husband had been wearing in his operating room. When the experimental model demonstrated its contribution to comfort she personally tailored three of the shirt coats to provide her dentist-husband with a ready supply. "I wear them winter and summer," the practitioner explained, "because regardless of the season I try to keep my operating room a bit on the warm side. This I consider important because it tends to eliminate that unwanted combination of cold hands and chilled instruments which is objectionable from the patient's point of view."

In discussing his wife's innovation the dentist explained that when he reaches his office in the morning he removes his outer shirt, puts on the shirt coat, and replaces his tie. "I get at least two days' wear from each shirt coat before laundering is required." The comfort of the ingenious garment provoked real praise from the practitioner. "With my shirt coat I have exceptional freedom of arm movement, and about my neck there is only the thickness of the single loose-fitting collar. To keep the weave of the material open the laundry is instructed to use only sufficient starch to give the shirt coats form."

The practice of cautioning the laundry against the excessive use of starch is applicable by all practitioners, even those whose wives' talents do not include the designing and tailoring experience necessary to "run up" an individually fashioned garment.

While the discomfort experienced by many dentists in their operating rooms may be associated with clothing, the chief contributing factor is habit, or the refusal to accept changes. This has not been the case with many other persons whose duties contribute to the improvement of public health. At one time nurses and dental technicians were required to devote considerable time to conditioning their stiffly starched uniforms in which they boiled throughout the working day. Now, after a quick rinse and a brief drying period, their nylon uniforms are clean and fresh for comfortable wearing. The dentist need not be an exception to this trend.

When the dentist who pioneered the custom tailored shirt coat was asked about having his name embroidered on the back, he recognized the intended humor and promptly vetoed the suggestion. However, he did offer a plan of his own. "Perhaps," he smiled, "I should wear a shirt coat to our next dental convention with my wife's name on the back together with the slogan, 'Fashions for the Comfort-Loving Dentist'."

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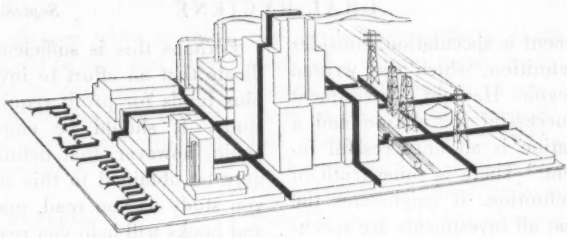


How to Invest Without Speculation

BY JOHN Y. BEATY*

Make a personal study of securities described here and then seek expert advice.

INVESTING IN a business, in bonds, in stocks, or a home—each has a risk. When a dentist buys equipment or rents an office, he also takes a risk—he speculates on the possibility of building a practice large enough to guarantee an adequate income. Speculation is risk-taking. You take a risk even when you buy a hamburger!

If we speculate every time we make a purchase, what must we do to reduce the risk to a minimum? First, study to fortify your judgment; and second, seek aid from experts.

Study the financial pages of your newspaper. Read specialized papers, such as the *Wall Street Journal*, *Financial World*, *The Magazine of Wall Street*, or *Investor's Future*. Study books on the subject.

If you decide to invest in stocks or bonds, study the types of securities and, as you study, evaluate the degree of risk in each type and then decide which you prefer. As you reach this decision, tabulate the reasons, either mentally or in writing. It is always a good idea to list your reasons on paper. This gives you an opportunity to study them further.

If you are not certain when an

*Editor, *Investor's Future*

investment is speculation, consider this definition, which was written by a cynic. He said, "Investment is a successful speculation and a speculation is an unsuccessful investment." There is some truth in that definition. It emphasizes the fact that all investments are speculations but not all speculations are successful investments.

It is common to refer to bonds as investments and stocks as speculations. This reference is based on the fact that most bonds have a guaranteed income while stocks do not. On the other hand, a successful speculation in certain stocks may turn out to be a good investment because those stocks are issued by a well-managed company and pay good dividends; furthermore, they have a promising future because of the type of business and the increasing demand for its product.

Professional speculators commonly buy stocks on margin; that is, they pay only part of the money. In doing this, they select those stocks which they believe soon will be in increased demand and will sell at higher prices. If they make an error in their selection, they lose. This type of operation is surely a speculation.

It is also common to assume that a bond or stock which is purchased primarily for income is classed as an investment. However, an error can be made in the purchase, and it might turn out to be a speculation.

Perhaps this is sufficient to indicate that an effort to invest surplus funds for profit requires real study. It should be emphasized again, however, that definite help may be obtained in this study. If you study as you read, magazines and books will help you reach wise conclusions. However, in addition to these two sources, there is always available the help and advice of professional dealers in securities, or professional dealers in real estate, if real estate is the investment you wish to make. In seeking this advice, it is necessary to study and to form your own conclusions as to whether the advice is well founded. Various questions asked of your advisor will aid in bringing out important points which will help you decide whether to follow the advice.

In previous articles, I have mentioned investment trusts. As a reminder, an investment trust or a "mutual fund" (as it is often called), is a group of securities owned cooperatively and professionally managed. A corporation is formed to employ the professional management. Shares of stock are sold to investors and the money thus obtained is used to purchase a diversified list of securities. Quite often, mutual funds are considered safe. The safety feature is based upon the fact that a corps of professional investment men constantly watches these securities. These professionals are able to de-

termine in advance when certain securities should be sold and when others should be purchased. However, it is entirely possible to buy shares in an investment program which is speculative.

Four Types of Funds

I believe that further discussion on the subject of mutual funds will be worth while, because a number of dentists have communicated with me on this subject as a result of previous articles. One came to see me personally to discuss the situation.

As an illustration of the different types of funds available from some of these mutual fund companies, I shall mention four which are offered by one company. These four are named according to the objective of each investment program:

1. Monthly income
2. Generous income
3. Income and growth
4. Capital growth

Monthly Income Program: The program designed for monthly income does not guarantee the amount of income each month. The portfolio is planned in such a way that some of the securities owned cooperatively will yield an income each month. This income, whatever it may be, is distributed to the share holders. The amount may be a little larger in some months than others. The point is, the professional managers select securities which they believe will pay an income regularly. If their study of a certain corporation indicates to them that dividends are likely to be reduced, the stock in that company may be sold and stock purchased in another corporation which is more promising from the point of view of income.

The company with these four plans states that the monthly income portfolio is made up of 27 per cent investment bonds, 17 per cent medium grade bonds, 14 per cent low-priced bonds, 12 per cent discount bonds, 15 per cent income preferred stocks, and 15 per cent income common stocks. There are from thirty to fifty securities of each of these types in the portfolio. This would be the most conservative of the four and would be classified as an investment. The fourth program, with capital growth as its objective, would be classified as more speculative.

Generous Income Program: The generous income program is made up of bonds and stocks selected for their generous yields: 33⅓ per cent are low-priced bonds; another third of the portfolio is classified as discount bonds; and the third classification is income preferred stocks. There are fifty issues of each of these three types in the program.

Program for Income and Growth: The program for income and growth is made up as follows: Half the capital is allocated permanently to an income position, including bonds and preferred and common

stock, all selected for their ability to produce income. The second half is varied between classes of bonds and fast-moving classes of stock, depending upon the market level. In other words, this part of the program may be changed more often than the first half. However, the experts watch the portfolio daily and make changes for the benefit of the share owners.

Capital Growth Program: The fourth program, listing capital growth as its objective, contains more day-to-day changes than the other programs. This is because it is made up of more speculative issues, and is designed for the purpose of taking advantage of market changes which will give capital growth to the portfolio since the stocks can be sold at a price higher than the purchase price. Special care is given to diversification in this program.

A part of the selection is referred to as "defensive" and another part is referred to as "aggressive." The agressive portion is made up of securities which the experts consider most likely to increase in market value. The defensive part is made up of those which are more stable but have an opportunity for capital growth. A regular formula is followed which varies the percentage of defensive and aggressive stocks in accordance with the condition of the market. As the market rises, the larger portion of the investment is in defensive stocks. As it falls, the larger portion is in the aggressive type of stocks.

If you look at a market chart showing the fluctuation of security prices, you may conclude that, if you had bought stocks at a certain date and sold them at another date, you could have made a liberal profit. This is true, but perhaps you did not buy or sell the stock at the right time. In order to do this, you must become an expert in evaluating the market and determining how and when prices will fluctuate. In the investment trust field this evaluation is made by a corps of men who specialize in the subject.

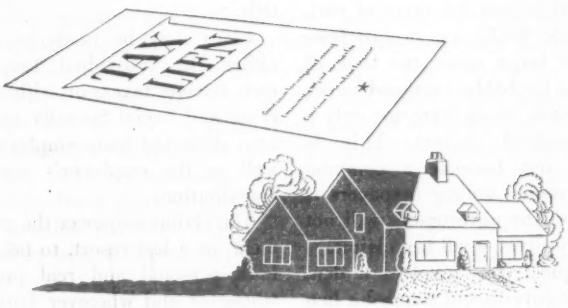
Income Varies With Program

The company offering these four types of programs will provide you with a tabulation of the results of each program. As an illustration, the program designed for monthly income over the past ten years produced a return of 5.4 per cent; the generous income program, 6.7 per cent; the program for income and growth, 6.2 per cent; and in 1950 the yield of the program for capital growth was 8.4 per cent. However, an illustration of the fact that this capital growth portfolio is more speculative than the others is shown by comparing the yield each year. In 1941, this program yielded only 2.1 per cent; in 1942, 2.7 per cent; in 1943, 4 per cent; in 1944, 4.4 per cent. In 1949 the yield jumped to 7.6 per cent and in 1950, it was 8.4 per cent.

The real purpose in presenting

(*Continued on page* 1291)

Beware of Tax Liens



Carelessness in meeting tax obligations can undermine a dentist's reputation for integrity.

BY HAROLD J. ASHE

ONE OF the little noted consequences of the revelations coming from within the Bureau of Internal Revenue is an apparently sharp stepping up in tax liens filed against delinquent taxpayers. At all costs, a dentist should avoid such a lien as he would the plague.

A tax lien may be invoked because of sharp practices by a taxpayer. More likely it may come as a result of carelessness in meeting tax obligations or inability to do so because of personal emergencies or financial setbacks. Frequently, in auditing a taxpayer's return, errors are found resulting in an additional assessment or tax balance. If this is an honest mistake on the part of the taxpayer, it may catch him by surprise and result in financial difficulties. Often these errors are detected years after a return is filed and the net income, after taxes, for that year has been spent. The foregoing is by way of emphasizing the importance of filing error-free income tax returns,

and of paying the full tax on the taxable income at the time the income is received.

A check of one southwestern county of medium size revealed that, in a recent six-month period, the Federal government placed liens against property to protect $170,000 in past due taxes of various kinds. While one or two liens involved large sums, the bulk of the liens probably averaged under $2000 each. Some were for only a few hundred dollars. This is pointed out because a common misconception among taxpayers is the belief the government will not seriously press small tax claims.

A typical case involves a dentist. The government slapped a lien against him and his wife for additional 1949 income taxes in the amount of $1,254.62. It came at a time when the dentist, suffering from financial reverses, was unable to meet it.

Expect No Leniency

Except in the case of famous or notorious name personalities, tax liens are rarely publicized. This silence has led many taxpayers to assume erroneously that leniency, rather than liens, may be expected from the government. Actually, the filing of liens by the Director of Internal Revenue is almost a daily occurence in each district in the nation.

Liens give the government authority to seize property and to sell it to satisfy the taxes and interest allegedly due. Liens are filed with the county clerk in the county in which the taxpayer is located.

Liens serve to cloud the title and prevent the disposal of property by owners. Such tax liens, as with other liens, automatically show up in the preparation of abstracts of title.

Liens may be made to secure either the individual taxpayer's own income taxes, or withholding taxes and Social Security taxes, if any, deducted from employees, as well as the employer's matching contribution.

The claims empower the government, as a last resort, to take over both personal and real property whenever and wherever found, although there are certain minimum exemptions which, however, do not soften the blow materially. Government seizure to satisfy claims is the final step, and a lien is a move in that direction. Usually seizure is resorted to only after the government is satisfied that tax evasion is involved or, at least, the taxpayer is indifferent to paying the claims against him.

Failure to pay one's acknowledged taxes is viewed in a somewhat different light than attempts at tax evasion, according to the Bureau of Internal Revenue. However, there is a fine line of distinction between the two attitudes which may not be visible to the layman. It is unwise for a taxpayer to assume that, because he knows himself to be honest, the gov-

ernment is aware of this fact.

Tax evasion may result in criminal action. This simply means that, in addition to the collection of delinquent taxes and interest, there will probably be heavy monetary penalties assessed as well. In addition, it very well may result in a jail sentence.

If a taxpayer has property that is already mortgaged up to the hilt, the government may be disposed to worry along with him in the hope that he may acquire funds with which to meet the tax bill. The policy is to try to collect the tax indebtedness short of legal action, if possible. However, this is qualified by whether the taxpayer shows any disposition to settle the debt. Many a delinquent taxpayer has made the financially expensive error of assuming that this government attitude is a sign of softness.

Since the shake-ups in the Bureau of Internal Revenue, responsible employees are showing a noticeable reluctance to be lenient with taxpayers, lest this be misconstrued as a "fix." As a result, more and more liens may be expected in the future. Some liens may be the result of unwarranted zeal on the part of harassed Bureau personnel.

P. O. Box 990
Bristow, Oklahoma

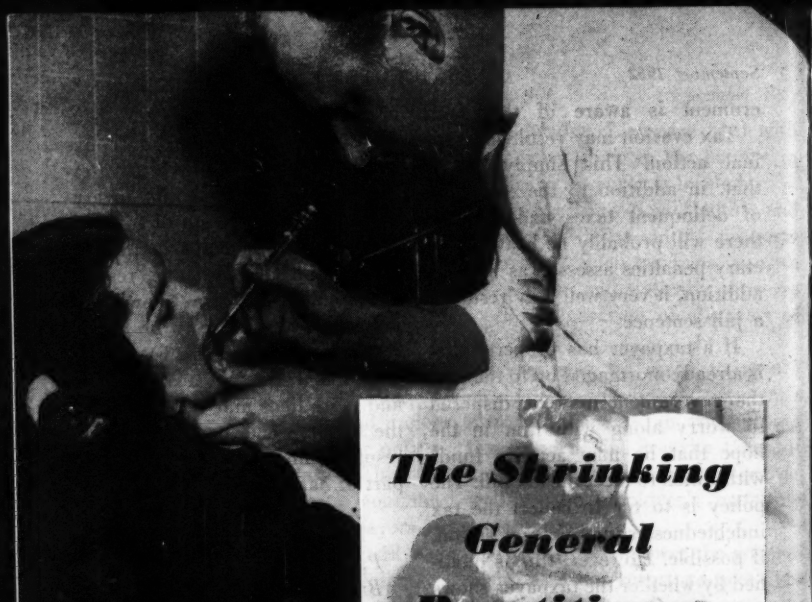
HOW TO INVEST WITHOUT SPECULATION

(*Continued from page* 1288)

these figures is to show you that the experts, who devote all their time to studying securities and the securities market, get varied results from a speculative program and more stable results from a conservative program. The very nature of deliberate speculation brings about a wide variety of results, whereas the nature of conservative speculation, which rightly may be called "investment," produces more stable results. The program designed for monthly income produced profits varying only from 4.7 per cent to 6.1 per cent. The average for the ten-year period was 5.4 per cent. In other words, the selection of securities for monthly income is likely to produce a more stable income. When the selection is made by experts, loss of income or capital is less likely to occur.

The four programs described here are those of the Keystone Company, 50 Congress Street, Boston 9, Massachusetts. A prospectus of each of these funds may be obtained for study by writing to that address.

Wee Thistlebrae Farm
Crystal Lake, Illinois



The Shrinking General Practitioner

BY DAVID TABAK, D.D.S.

THE GENERAL practitioner in both medicine and dentistry is slowly disappearing from the scene. The family physician today is an anachronism, reminiscent of an age which is becoming medical history. Where we still find him ushering in the newborn, attending the dying, and presiding over the well-being of the entire family, it is likely both he and the community have been left behind in the rush for specialization.

In medicine, however, a considerable field of operation remains for the general practitioner. If the complaint is measles, for example, he will tell you to pull down the window shades and telephone him tomorrow at ten. If it is a cold, he will tell you to stay in bed, take a physic, eat lightly, and call him the following day. By that time, with the aid of innumerable microorganisms, the physician may wind up having a field day.

Such is not the case with the dental general practitioner. All that remains in his field are a few simple restorations. However, should one of the cavities involve the pulp—there is the endodontist. Should another of the cavities harbor putrescence and infection—there

Are we becoming awed by the pretensions of the specialist?

looms the exodontist. Incidentally, the general practitioner also can "clean teeth"—provided it is only a surface cleaning, the mucosa is not congested, and the teeth are firm in their sockets. If the mucosa is congested, and the teeth are mobile—then, of course, we have the periodontist.

Determined not to recognize the prosthodontist, you take all edentulous cases, often to your regret. You do occasional "jackets," but, when you look admiringly at the wonderful design exhibited by the ceramic specialist, you feel downcast and uncertain. You find yourself thinking that perhaps you ought to give the next case to the specialist. His work at the clinic is always so beautiful, so perfect, without a blemish—how does he do it?

You learn as you go along. When Mrs. Jones wants you to correct Evelyn's malocclusion, you are not taken by surprise. You know just what to do. You ask her to wait a moment while you rummage through your desk drawer and presently return in triumph. "Here it it, Mrs. Jones—the card of the nearest orthodontist—two blocks left and one right."

In dental colleges you were "trained" in all phases of treatment, including orthodontia. You emerged looking for worlds to conquer. Whether elated over the first success or crestfallen over the first failure, you bounce back, push forward, convinced that already you are master of your destiny, not to mention your profession, or you will be before long. This feeling lasts until you start attending clinics "designed for the general practitioner." There you find a crop of specialists who frighten you and undermine your confidence, wittingly or not. You are shown complicated oral surgery beyond the skill of the average general practitioner; you are told of infection and occasional death resulting from apparently innocent extractions. You ask yourself: "Why all this anxiety and heartache for a small fee? I will send the next case to the exodontist and let him worry."

Little by little, you pull in your outposts and reduce your fields of operation. You give up one segment of practice after another. Then you sit back and take stock. You have given up general anesthesia even before you gave it a fair trial, for you have read or seen demonstrated cases in which the patient died in the chair. Extractions are no longer included in your procedures. You have eliminated root-canal therapy, because you have seen demonstrations of infectious apexes which often lead, directly or indirectly, to rheumatoid arthritis and other diseases. Now the dental mechanics are seeking your remaining practice. In many

states they are clamoring for official licensure. Should that be granted, it would, no doubt, mean a rush for full and partial cases, constructed directly on the patient as they are in some of the European countries. What will you have left then?

Did you say a general practitioner still "cleans" the patient's teeth? Stop your kidding! What of the dental hygienists who are, at this moment, swarming into Board of Health stations and public school dental clinics and hospitals?

"Yes, Mrs. Smith, what may I do for you? Oh, you wish to locate the nearest dental specialist? Turn left, one block, then right . . . Who, me? I am an amalgam specialist."

270 *South Third Street*
Brooklyn 11, *New York*

IS THIS SOCIALIZED MEDICINE?

THE *Wall Street Journal* recently stated more than 400 corporations today have plans of one sort or another providing for medical aid for their executives. The plans range from yearly examinations to free treatment at outstanding clinics.

The chief executive officers of many corporations reported that the plans were worth while and were proving "good investments" for the company.

L. E. Judd of the Goodyear Tire and Rubber Company, for example, was quoted as saying: "My formula for success ranks health as number one. The interest of the company requires that its key personnel be in good health and it is logical that we should have a comprehensive smooth-working program to this end. This program has saved Goodyear many millions of dollars by giving us efficient personnel."

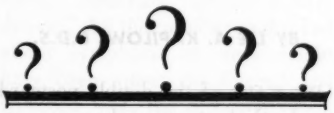
I do not suppose that this is "socialized medicine" but I am not sure just what it is. If management finds it advantageous to give free medical services to the top brass who, presumably, could afford to pay for medical care, it is hardly surprising that workers with incomes not too much above subsistence levels should insist that they need protection against the exigencies of extraordinary medical costs.

Incidentally, is it another tax dodging device for the corporation to pay medical expenses for its executives?—*Chicago Sun-Times.*

THE COVER

THE BEAUTIFUL Broadmoor Hotel, located deep in the Rocky Mountains in Colorado Springs, Colorado, is to be the scene of the Sixty-Sixth Annual Meeting of the Colorado State Dental Association from October 5-8. The Broadmoor is shown from the air in this month's cover photograph. Doctor R. A. Downs, 1422 Grant Street, Denver, is Secretary of the Association.

So You Know Something About DENTISTRY!



QUIZ XCVI

1. Of all teeth lost between the ages of 10 and 35, (a) 21, (b) 49, (c) 87, per cent are lost because of teen-age caries ____

2. What is alveolar osteitis? ____

3. In old age (especially if teeth are missing) do most of the sinuses (a) enlarge, (b) diminish, (c) show no change?

4. Why must overheating of silicate restorations be avoided during finishing? ____

5. Failure of the all-acrylic crown is due chiefly to (a) lack of hardness, (b) dimensional instability of the material in service, (c) the need of an adequate cementing medium.

6. True or false? In the calcification of teeth, variations in phosphorus content of the diet are not as critical as variations in the calcium content. ____

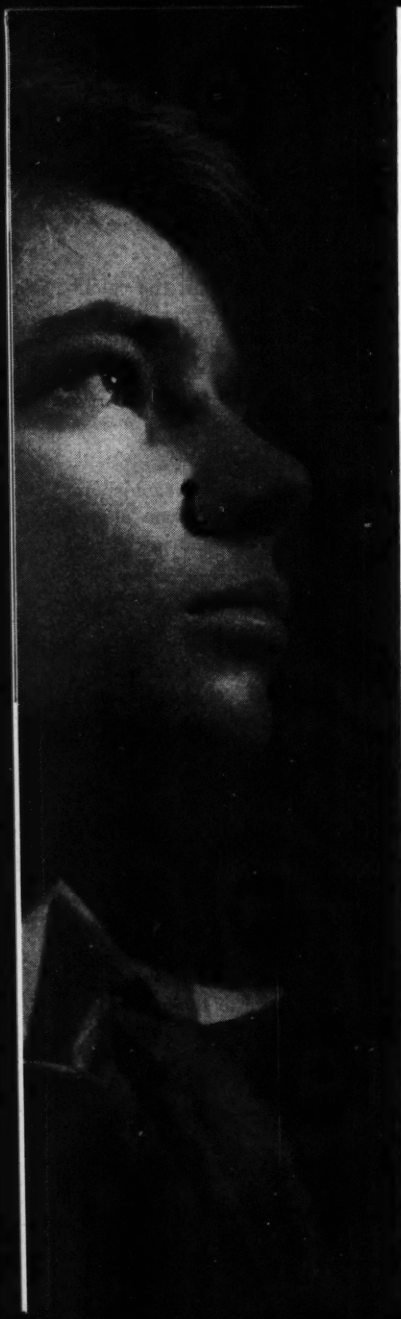
7. Is the roentgenographic appearance of the bone altered in the acromegalic jaw? ____

8. Mouth washes (a) aid in the removal of loose food debris, (b) sterilize by penetration into healthy tissue, (c) act as germicidal agents in the mouth.

9. Why is a shorter time required for trituration when using fine cut alloys? ____

10. The amount of wear (attrition) of the teeth depends on (a) the patient's age, (b) abrasive quality of the diet, (c) hardness of the teeth, (d) pH of the saliva. ____

FOR CORRECT ANSWERS SEE PAGE 1320



Make Mine

MINORS

BY LEE A. KAPILOW, D.D.S.

ONE HALF of the double postcard read, "Volunteer speakers are urgently needed to talk at the public schools in the city during National Children's Dental Health Week, February 4-8, 1952." It was signed by a representative of the Oral Hygiene Committee of Greater New York. I glanced at it casually and started it on its way to the waste basket—then gave it a double take and read it once more.

"Return the other half of this card after checking on it the visual aids material you will need for your presentation," it said further. I checked it, returned it, and by so doing started a chain of events which led to one of the most satisfying and heart-warming experiences of my nine years of dental practice.

Frankly, the reason which impelled my acceptance of this assignment was rather a selfish one. During the few opportunities I have had to speak before an audience I must confess I have felt

Applause from young patients is the sincerest gesture of appreciation.

rather more than ill at ease. On those inauspicious occasions I have been afflicted invariably with what I call, for want of a better term, "Suffering Speaker's Syndrome." All the familiar and joked about symptoms of stage fright have been mine; the flushed and stiffened face, the quaking knees, the uncontrollable hands, the pounding heart, and the unrecognizable voice. Talking to a patient in the security of my own office is a simple and easy matter, but put me on a speaker's platform and I am as fluent as Mortimer Snerd and just as wooden.

Consequently, I reasoned that, if ever I were to learn to control this fear, a wonderful opportunity to do so was now presenting itself. Children, I reasoned, hardly could be classified as discerning or critical of a speaker. Once this first step was made before a tolerant group of listeners and the fright somewhat stifled, the rest would be somewhat easier.

Speakers Briefed

So off to the speaker's briefing I went a week or so later. There I met, not the handful of volunteers I had anticipated, but a veritable swarm of other dentists all eager to pour words of dental wisdom into childish ears for one reason or another. Many, I suspect, were there for purposes similar to mine. We were shown moving pictures and slides such as those we were expected to use, given a few sample talks by men who were experienced in this sort of presentation, and impressed with the three cardinal points which the Oral Hygiene Committee wished us to get across to the youngsters. These points were: correct tooth brushing routine, frequent visits to the dentist, and a proper diet.

Several days later *Der Tag* arrived and on a bright, clear morning this audacious lecturer went off to his assignment armed with a film called "Something to Cheer About." My head was swimming with catch phrases, statistics, a smattering of baby talk, and the scoffing prophecy of my wife that the "kids" would not even listen to me.

The school, it turned out, was built in 1877 and looked every minute of it. I had a momentary fear that, if I were to raise my voice, the entire structure would collapse upon me. As it so happened my fears were groundless, for the principal (who was particularly suited to her environment, looking much as if she were constructed at the same time as the school) raised hers with abandon. Despite her soulful shrieks at the children, she displayed a suitable amount of efficiency, getting the youngsters into their auditorium

seats, the film into the projector, and me into the back of the room without too much fuss. She then proceeded to deliver herself of a few thousand well-chosen words on the importance of dental health which lifted the heart out of what I was going to say, and the film started.

"Something to Cheer About" is a picture, which through devious artifice, manages to seduce the children into thinking they are going to see a baseball story. The opening shots are of a New York Giant game at the Polo Grounds. However, before there is a solitary opportunity to emit one "Boo" at the umpire we are whisked to the confines of a dental office. Here, a child-actor is lectured to by a dentist-actor on the care and maintenance of teeth. After *he* got through *I* had virtually nothing left to say—he was that thorough! He covered absolutely everything regarding dental health and threw in a commercial besides. As I cogitated ruefully on the manner in which the principal and the dentist-actor had cut the legs out from under me, I suddenly heard a voice saying, "—and now, Doctor Kapilow will say a few words on dental health." I was on!

Children Attentive

Striding somewhat less than manfully to the front of the room I was stricken by a sense of the unexpected. The children—those ten- and eleven-year-old "kids"—were actually looking at me attentively and waiting for me to say something. They were not throwing spitballs or restlessly carving initials in their desks or tying together the pigtails of the girls in front of them. They were just politely looking at me with what seemed suspiciously like interest and waiting for me to tell them something.

Frankly, I do not remember exactly what I said. I think it was some sort of rehash on what the film had portrayed, interspersed with one or two feeble jokes. But they listened quietly and nicely until I was through. When I asked if there were any questions regarding the talk I was astonished. At least twenty young hands shot into the air. Then the panic was on!

If anyone ever tells you that a youngster of ten or eleven has no appreciation of the importance and necessity of good dental health, you have my explicit instructions to tell him he does not know what he is talking about. Those children were an absolute revelation to me. Their questions came in such abundance that I was always about five children behind in my answers. And the questions were virtually all intelligent, appropriate, and to the point. I was completely amazed by their good sense and knowledge of the subject and their desire to learn more.

Of course, there was the occasional silly question such as one youngster asked, concerning the

necessity for the needle his dentist used for injecting him, being a whole foot long. I said it was not. He insisted that it was. Then there was the indignant youngster who felt a sense of injustice in that her girl friend had had four teeth extracted with two needles while she had had the same number of injections for the extraction of only one. Mathematically, she figured she should have had only half a shot. There was still another youngster who, with an obvious eye on a dark dental future, wanted to know how best to retain artificial teeth firmly in the mouth. These were the rare exceptions, however. Mainly, the queries were of the type that indicated that the questioner sincerely wished to be informed on a troublesome point.

The Hardest Question

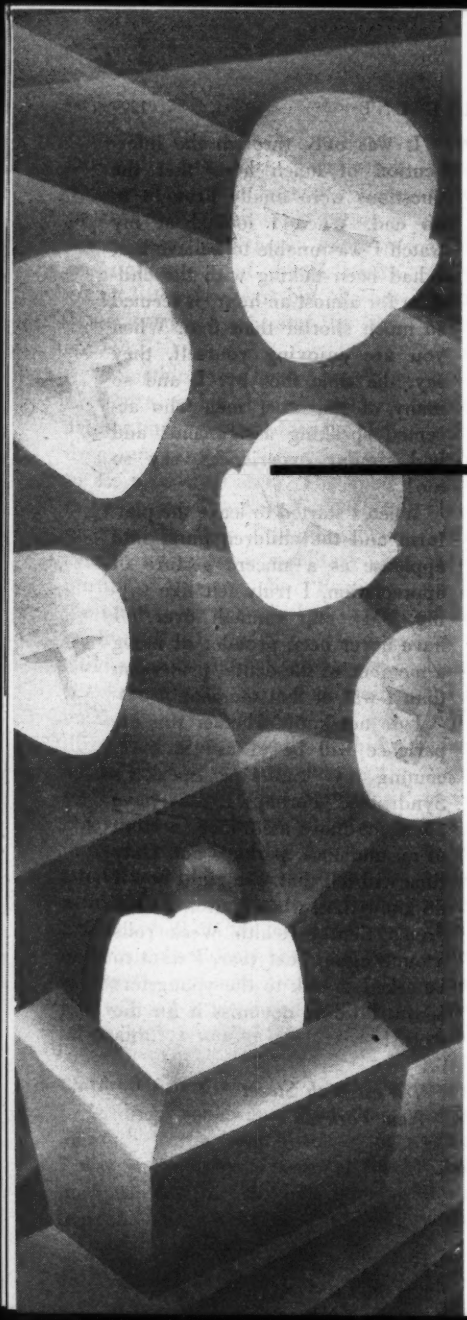
The one question, in particular, which poignantly remains with me was asked by a troubled little girl. "Doctor," she said, "you told us that we should have meat every day for a proper diet. But my mother cannot afford to have it more than once a week. What should I do?" You answer that one, my colleagues, with talk about eggs and fish as protein supplements. That is what I said—but I knew in my heart that was not the real answer.

It was only through the intervention of lunch hour that the questions were finally brought to an end. When I looked at my watch I was unable to believe that I had been talking with the children for almost an hour. It seemed so much shorter than that. When you are enjoying yourself, they say, the time flies by. I, and so many of the other men who accepted speaking assignments and had similar experiences, say so too!

When I started to leave the platform and the children burst into applause as a sincere gesture of appreciation, I truly felt like saying, "My cup runneth over." I have never been prouder of being a member of the dental profession than I was at that moment.

I do not know whether this experience will be of aid in overcoming my "Suffering Speaker's Syndrome." Perhaps it may have given me more assurance in front of an audience, perhaps not. Only time will tell that. But right now I do know that, when National Children's Dental Health Week rolls around again next year, I want to be asked to talk to the youngsters again. I would not miss it for the world!

7 West 96th Street
New York 25



Do You Fear Ridicule and Humiliation?

BY JOSEPH MURRAY, D.D.S.

"THIS SOCKET seems to be heali slowly," I said to the patient wh tooth was extracted three we previously.

"I was ashamed to tell you, D tor. I am a diabetic."

The fear of ridicule and hum ation is an integral part of ev neurotic personality and, as in t above case, it may even extend "doctor-patient" relationship. O here, it could have had a fa termination.

How about the dentist who lows himself to be placed on t defensive by a patient's ar gance? Take the one who wa roentgenograms "thrown in" w his operative treatments, as former dentist used to do—at le so he claims. Or, how numer are the requests for special ra

As a protection many dentists erect a facade of superiority or aloofness.

to children, although the service here may often be more painstaking or nerve-wracking than usual?

On the other hand, do you take the opposite view—that of hiding behind a facade of superiority or aloofness? Do you refuse to talk to a patient and willingly relegate any discussion to your secretary?

How about the dentist who tries to impress the neighborhood by living up to the "Joneses" because he cannot concede a lower social or financial standing? Many an embryo dentist is ashamed to have others aware of his small earnings and will strive to give a false impression of being successful. Legion are the students who, fearing ridicule, become life-long pupils because they are afraid to step into the world of activity.

How often do we see the apprehensive patient come in with a deep ulceration in the floor of his mouth because of an overextended denture?

"You said I would get used to them, Doctor," he ventures timidly, "so I wore them for a week without coming in for an adjustment."

Such a person is known as the compliant type. He will often repress his rage, anger, and aggression, because of a false image of himself—that he is liked and admired by everyone. In other words, this patient does not wish to appear as a trouble maker or a nuisance, for fear he will be held in low esteem by his dentist. Therefore, he would rather endure the tortures of a lacerated mucous membrane or a severely aching tooth than to incur the disdain of his dentist.

Now, this situation can work in reverse. Let us assume that the dentist is of a compliant nature. Imagine the havoc a sadistic patient can cause. We are all familiar with the patient who complains that her dentures do not fit—usually when a balance remains unpaid. The unfortunate dentist, in mortal fear of ridicule, hesitates to ask for the money that is due him. As a result, he is a loser if he remakes the case, and also if the patient becomes a deadbeat.

Again, we have the example of the patient who has contracted to have dental services rendered for a stipulated sum. This aggressive person will attempt to drive a hard bargain before his full balance is paid, because the timid dentist has been too vacillating and unassertive in the collection of his fees.

It is not uncommon in a situation like this, when the unhappy practitioner has already capitulated to the demanding patient, for the latter to say "I haven't got the money anyhow, Doctor. I'll send you a check in a couple of weeks."

Fear of ridicule will also make

a man shy and withdrawn. And, when it comes to quoting fees, here is where many a dentist puts his worst foot forward. Usually, he stammers, and acts as if he would like to crawl in a hole and hide.

We may have overemphasized the business aspect of the interpersonal relationship between dentist and patient, not so much because financial problems pose the greatest barrier to harmonious relationship—but, because anxiety often evidences itself in financial situations, when we deal with the neurotic, be he dentist or patient.

The truly humble person is as rare as the all-wise one. *He who is really humble has no fear of ridicule or humiliation.* He recognizes that whatever talent or gift of his may place him above his fellow man, is the result not only of his own efforts, but also those of his parents, teachers, and friends, not to forget his ancestors from whom he inherited much, and even his enemies who forced him to see many defects. He knows he is made of flesh and blood and is subject to all its advantages and limitations.

1358 46*th Street*
Brooklyn, New York

DENTAL OPERATIONS DURING AIR-RAID ALERT

DENTISTS have been puzzled on procedure to be followed during air-raid alerts when they are in the midst of an operation on a patient. Martin Caidin, Technical Specialist to the New York State Civil Defense Commission, has forwarded the following statement:

"In the event that, at the time of the public alarm an operation is under way, in which cessation of medical activity will *not* endanger the patient, the operation may be suspended at the surgeon's discretion, while personnel concerned proceed to designated shelter areas.

"In the event, however, the alarm sounds at a critical time during the operation, it is at the surgeon's discretion to decide whether or not the immediate termination of the operation would create possibilities of fatal repercussions to the patient. In this event, since his first duty under any condition is to the patient, he will continue the operation for as long as is necessary to insure the well-being of the patient in question. Action under such circumstances is, of course, flexible and certain basic safety measures should always be taken. For example, if a normal operation room staff can be reduced from, using an arbitrary figure, eight persons to three persons without endangering the patient, the surgeon then should provide for maximum safety for any personnel under his jurisdiction."—*The New York Journal of Dentistry.*

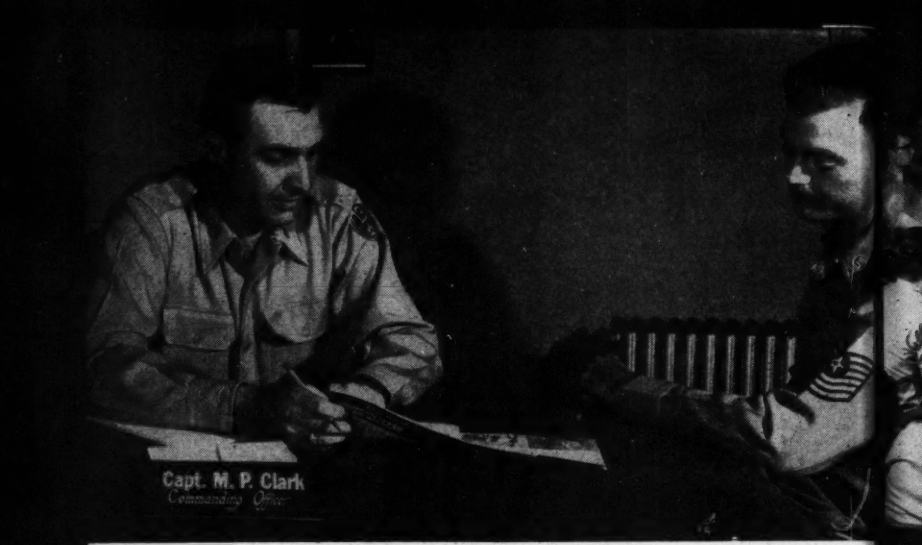
New Air Force School Graduates Technicians

***During their intense study, the dental technicians are reminded of their military status by observing retreat each day on the flat roof of the Institute's six-story building.*—Photographs courtesy of U.S. Air Force.**

THE FIRST dental laboratory technicians class of the United States Air Force has been graduated from the Institute of Applied Arts and Sciences, State University of New York. The accompanying photographs were taken during the course.

Dental laboratory technology has been defined as "the art and science of producing dental prosthesis." To spare the fully trained dentist from unnecessary effort where possible, the dental laboratory technician has stepped into dentistry to make inlays, crowns, bridges, and dentures. In line with this procedure to delegate work which can nonetheless remain effective and proficient, the Air Force has trained its first group of dental laboratory technicians at a civilian school.

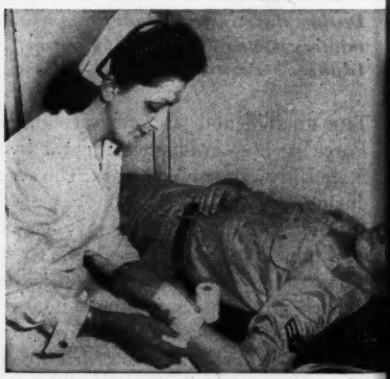
Fifty-two young airmen from twenty-nine different states were hand-picked to enter the Institute. They set up teeth, did dental drawing and sketching, attended lectures, watched films, viewed practical demonstrations, completed a laboratory report. They studied chemistry, metallurgy,



physics, gross anatomy and related subjects. According to the Institute, the technicians of the 3310th USAF School Squadron have received the equivalent of two years' training, condensed into an intensive and highly productive nine months' time.

Doctor Otto Klitgord, Institute Director, has commented, "I must remark on the high quality of scholarship and citizenship exhibited by the first graduating class. The average civilian usually thinks of the Air Force in terms of planes, motors, pilots and stupendous feats performed in the air. Little do we civilians appreciate the vast supplementary services that are provided to make our Air Force second to none in the world."

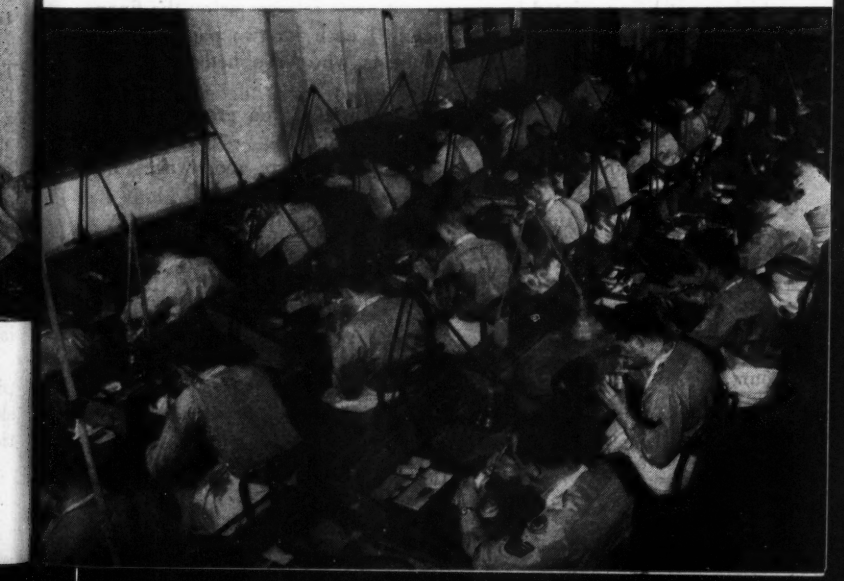
Captain Mahlon P. Clark (MSC) USAF, Commanding Officer, 3310th School Squadron, discusses a curriculum problem with Master Sergeant R. A. Echols.

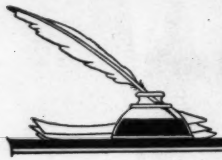


Registered Nurse Antoinette Cona, on full-time duty with the Institute, helps the resident physician demonstrate first aid and assists with other important tasks. Here, she bandages one of the airmen.

Anatomy is an important part of the dental studies conducted at the Institute. Doctor Eli Seigel of the school faculty lectures on gross anatomy.

The Institute's well-equipped laboratory accommodates thirty students. Two instructors are assigned to this activity.





EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

WALKING ON ECONOMIC EGGS

THE BACKBONE of dental practice is composed of workers who are in the $4000 to $7000 yearly earning brackets. In fact, in present-day economic society there are few people in the pauper class and few in the wealthy class. Employment is high in most parts of the country so anyone able to work and desiring to work can be employed. The wealthy class is dying by tax suffocation. The middle class, therefore, is large in number and represents the major market for all goods and services, including dentistry.

All is not well with the middle class. The members are weighted with debt and overextended with credit. So long as the artificial prosperity of preparation for war is continued most workers will continue on the economic treadmill of working and paying and being taxed. Each year they will have less to spend for essential services, such as dental care.

If one wishes to know what is going on behind the economic front, which is not being printed in government press releases or on the financial pages of newspapers, he can spend $1 each for two paper-covered books.[1,2] They are written by economists who have had substantial practical experience.

Mr. Weiss, one of the authors, points out that you are living in a period of artificial prosperity, WHEN:

"1. You work and get what you used to think were good wages, but can't make both ends meet.

2. You and your wife have to do extra jobs to pay back bills.

3. You dip into your savings and cash your savings bonds to meet current living expenses.

4. You receive several pay increases, then suddenly discover you have no job at all.

5. You possess all the good things of life, but they are not really yours.

[1]Weiss, Irving: Too Many Hands in Your Pockets!, New York, Blackstone Press, 1952.
[2]Baxter, W. J.: Lower Prices Coming!, New York, International Economic Research Bureau, 1951.

6. You run a small business, but profits are down or you are losing money.

7. You find actual abundance in place of publicized scarcity.

8. Government spending, business spending, and consumer spending —all put together—can't make a dent in accumulated inventories as more goods pile up in one item after another because most of us have been sold on inflation and scarcities.

9. The buying power of the people can't match the producing power of industry—even after government takes 20 per cent of industry's output."

Let each dentist test these statements and ask himself if these are not the laments that he hears every day from his patients. When patients postpone needed treatment or when they have difficulty in paying for treatments already received, the reasons are not hard to uncover—people are paying too much in taxes, too much out of earnings for time payments and on home mortgages, too much for food.

Mr. Baxter, the other economist-author, believes that the prudent man should make as few commitments as possible in an inflationary market and that he should sit tight in a cash position to pick up the bargains that will come when all prices begin to go lower. He warns against buying too soon in a deflationary market: "Most people are going to be fooled as they were in the early 30's in believing that values cannot go any lower; thus they will commit themselves every time there is a temporary breathing spell while the deflation is taking place. But I cannot warn you in strong enough language that one cannot be too careful in trying to buy or make commitments too early. There should be no rush to buy because, measured by the number of people that have been caught in the trap set by the old medicine men who periodically visit this country to make the panics, you can easily determine that the number of bargains and opportunities that will be available are going to be second to none in securities, real estate, farmland, goods of all kinds, and even businesses themselves."

The substance of the advice from these two economists: Make as few commitments as possible. Stay out of debt. Collect the money that is due you. Keep in a cash position. The economic picture of the country that is described in these two books is not a happy one; it is not a popular one. It is the kind of plain speaking that we must listen to and that we must heed if we wish to save the Nation from economic disaster.

Edward J. Ryan

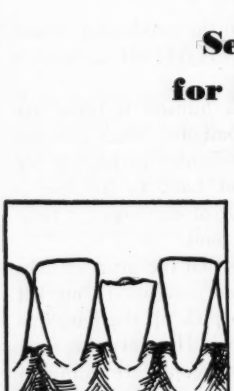
TECHNIQUE of the Month

Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling

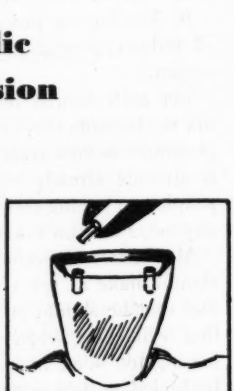
Self-Curing Acrylic for Pinlay Impression

BY JOSEPH J. SAKMAR

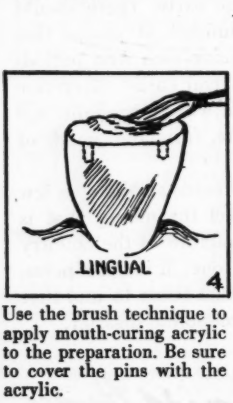


The case: lower right central incisor with fractured incisal edge.

Prepare the tooth for an inlay. Using a No. 1 round bur, sink two holes for pins —one on the mesial and one on the distal surface.

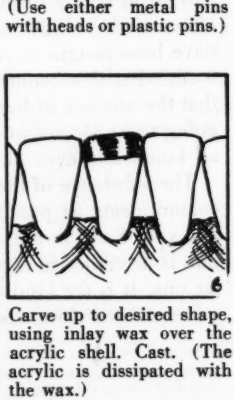


Lubricate the preparation with white vaseline. Set pins in the prepared holes. (Use either metal pins with heads or plastic pins.)



Use the brush technique to apply mouth-curing acrylic to the preparation. Be sure to cover the pins with the acrylic.

Allow the acrylic to set for a few minutes, then use an instrument to break the seal of the acrylic. Place the acrylic shell back on the preparation.



Carve up to desired shape, using inlay wax over the acrylic shell. Cast. (The acrylic is dissipated with the wax.)

Dentists in the NEWS

New York (*New York*) *Times*: Doctor John W. Knutson, a pioneer in demonstrating the use of sodium fluoride in preventing dental caries, has been appointed Chief Dental Officer of the United States Public Health Service. Doctor Knutson published his first scientific paper on the preventive use of fluorides in Minnesota in 1943, the first of twenty articles he has written. Since 1934, he has served as a Public Health Service officer. Doctor Knutson succeeds Doctor Bruce D. Forsyth, who has concluded a four-year tour of duty, and has been assigned to the Federal Security Agency, Region I, in Boston.

Los Angeles (*California*) *Mirror*: Doctor Albert Einstein had better concentrate on discovering theories of nuclear fission and winning Nobel prizes, according to Doctor Leon Bankoff, dentist, of 9300 Airdrome Street. Doctor Einstein's venture into coaching a high school sophomore in mathematics brought strong repercussions in Los Angeles. Johanna Mankiewicz, a 15-year-old high school student, wrote to Doctor Einstein to get his advice on a difficult geometry problem. "I still don't understand it," she said as she puzzled over his diagrammed solution to the problem:

"The common external tangent of two tangent circles of radii 8 inches and 2 inches is—"

A local amateur mathematician, Doctor Bankoff, said he did not mean to criticize the world's greatest mathematical genius, but in this case, Doctor Einstein was "wrong." He pointed out that the Einstein diagram showed two circles separated from each other, with lines drawn between them. They should have touched, he explained, and he worked out the solution—eight inches—with a few formulas of his own.

Clarksburg (*West Virginia*) *Exponent*: Doctor John C. Thompson, a Clarksburg dentist, who is now an officer in the United States Air Force, has had the King of Libya, North Africa, as a patient. When the king developed a toothache recently, members of the royal household called the United States Air Force to have something done about it. Doctor Thompson drew the assignment.

Philadelphia (*Pennsylvania*) *Inquirer*: The Alfred C. Fones medal was presented to Doctor Lester W. Burket, dean of the University of Pennsylvania School of Dentistry, at the annual convention of the Connecticut Dental Association held in Bridgeport. This award is named for the Bridgeport dentist who founded in that city the first school of oral hygiene to be established in the United States. It was given to Doctor Burket for outstanding service to the dental profession during the last year.

Flint (*Michigan*) *Journal*: Toothaches cause about 2 per cent of all industrial absenteeism, according to Doctor James P. Dunning of the Harvard School of Dental Medicine. This figure excludes absences from the more remote effects of dental disease.

The establishment of relief emergency service in one industrial plant, which required about ten minutes in the dental chair for each case, made it possible for more than 85 per cent of the employees

who visited the dental clinic to be returned to work, Doctor Dunning pointed out.

Additional reductions in absenteeism and substantial saving of teeth for the average worker, can be achieved by a service which also provides dental health education, dental examination, and referral to private dentists of cases needing corrective or restorative treatment. These facts were reported by Doctor Dunning to the Industrial Health Conference in Boston and released for publication by *Science Service.*

New Haven (*Connecticut*) *Register*: Doctor Leon A. Greenberg of the Yale Department of Alcoholic Studies, was searching for a guinea pig so he could demonstrate his alcometer machine at a meeting of Kiwanians. No one was willing to take up the offer except Doctor George Graça of Rio de Janeiro, a dental intern in a New Haven hospital. He offered his services, "purely in the interests of scientific demonstration with other pleasures coincidental." The test began with four "scotches on the rocks." Then Doctor Graça gave his breath to the machine which recorded .05 per cent. Doctor Greenberg, inventor of the machine which is used in the New Haven Police Department, explained to the club members that a registration of .05 per cent shows intoxication at the point where operating a motor vehicle is not recommended. The reports of alcometer tests have been accepted as evidence in the courts in cases of drunken driving.

Pasadena (*California*) *Star-News*: Doctor Austin F. Roberts, who practiced dentistry for several years with his father, Doctor C. M. Roberts, in this city, is now devoting all of his time to fiction writing. His story REPORT OF A MISSING PERSON appeared in the July issue of *Esquire.* Other stories of his have been accepted and will be published later. Doctor Roberts first began to take a serious interest in writing in the summer of 1948, when he went to New York to attend Martha Foley's class in creative writing at Columbia University. Since then he has devoted an increasing amount of time to this activity at his home in South Laguna.

Denver (*Colorado*) *Post*: Since the first toothbrush was carved out of a bone in 1780 by one William Addis in Clerkenwall, England, many persons have tried to improve on the Englishman's basic design. He was a tanner who in his spare time flattened the end of a bone shard and drilled some holes, in which he anchored tufts of hair taken from a cow's hide. During the last twenty years, Doctor Max Giesecke of Denver, has made a collection of such odd types of toothbrushes and has presented them to the history committee of the Colorado State Dental Society. The earliest known method, he reports, for cleaning the teeth, was invented in Arabia in some century B. C. Twigs from mimosa or guashia roots were soaked in water until their fibers separated into bristles which were rubbed over the teeth. There are still about ten million people in the Near East who use this method of cleaning their teeth.

Santa Barbara (*California*) *News-Press*: Doctor Mitchell Brice Yeoman was honored by his colleagues of the Santa Barbara-Ventura Dental Society for his fifty years of service to dentistry. Then Doctor Yeoman, accompanied by his wife, left for the University of Iowa to celebrate the golden reunion of his class of 1902. At 75, he has no intention of retiring from active practice. He attributes his good health and continuing interest in dentistry to his beekeeping hobby, which he started twenty-seven years ago in Iowa. "You have to get out of doors to look after bees," he said, "and as a hobby beekeeping is great. It even pays for itself." His son, Doctor Claude Yeoman, who has been associated with him in practice since 1935, handles the

general practice which permits his father to specialize in prosthetics.

Muskogee (Oklahoma) Daily Phoenix: In the recent city election, Doctor Albert E. Bonnell, Jr., running on the Independent ticket, won a total of 5,743 votes for city councilman, more than any other candidate. Next highest was Mayor Lyman Beard, who received 5,619.

Los Angeles (California) Times: The Women's Auxiliary of the Los Angeles Dental Society is planning to concentrate on two major philanthropies in the coming year, according to Mrs. Harold J. Holt, who is retiring as president. Donations will be made to the Harold W. Barnes Dental Clinic, to which it gave $600 last year. The Auxiliary will also contribute to a loan fund to help students who are taking dental courses.

In reporting on the activities of the Auxiliary, Mrs. Holt said:

"We only have two money-raising events each year. One is our Christmas party in the home of one of our members, for which we sent out 1200 invitations last year. Our amalgam collection goes on all through the year, and is a good source of income. We ask dentists to save scrap metal for us regularly."

St. Louis (Missouri) Post-Dispatch: An emergency radio broadcast brought Patrolman Harold Prough to the aid of Mrs. Lavetter Smith, who was about to give birth to a baby in a car parked on Gravois Avenue. Doctor Milton Rudi was called from his nearby dental office to assist the patrolman in delivering an eight pound, nine ounce boy. Mother and child were taken to the City Hospital, both in good condition. Mr. Smith had driven his wife from Warrenton in a frantic dash to reach a maternity ward, when it became apparent that he was losing the race.

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

Theodore Katz, D.D.S., 2802 Grand Concourse, Bronx 58, New York
Kathryn Grace Ferrell, Route 3, Stone Church Road, Elm Grove, West Virginia
Vera Gentile, 5039 Lancaster Avenue, Philadelphia 31, Pennsylvania
Lillian Campbell, 1205 Rinn Street, Davison, Michigan
Nancy Holloway, 76 Grove Street, Century Apartments, New Haven, Connecticut
Mrs. B. L. Denton, 809 South Hancock, Colorado Springs, Colorado
Charles A. Brouthers, Box 2242, Hollywood 28, California
Bonnie and Marie Bonnell, 1523 East Broadway, Muskogee, Oklahoma
Glad Lee, 1129 West Sixth Street, Los Angeles 17, California
Viola Eldridge, Route 2, Chaffee, Missouri
Lelia Solomon, 705 North 63rd Street, Philadelphia 31, Pennsylvania

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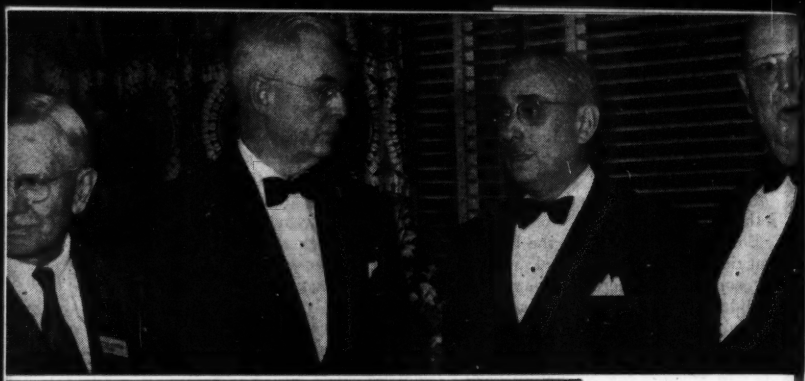
TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

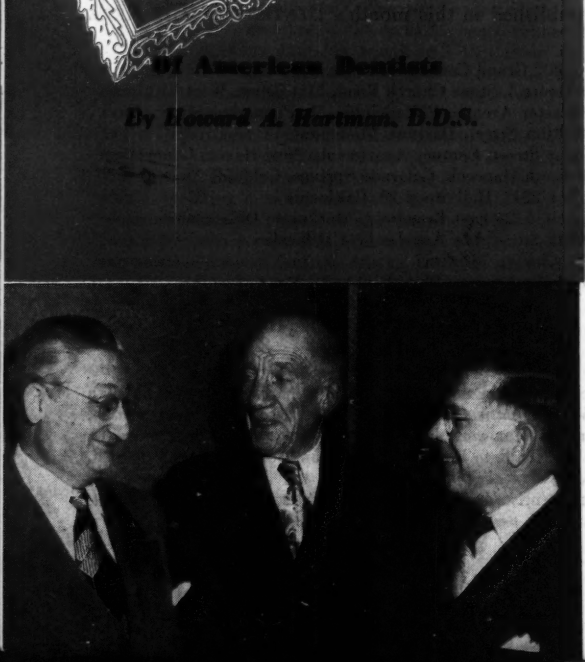


Portraits and Profiles

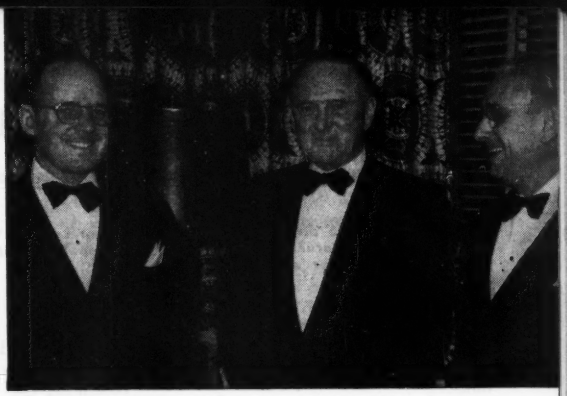
of American Dentists

By Howard A. Hartman, D.D.S.

Above: Left to right: W. Gethro, Chicago; W. Brandhorst, St. L Edwin W. Baumann lington Heights, 1951 ident of the Chicago tal Society; and LeR Ennis, Philadelphia, dent of the American tal Association.



Dean of the Coll of Dentistry, Uni sity of Detroit, R O. Rochon (le visits with Robert Ogilvie, Grand Fo North Dakota, (right) Stephen Applegate of Det

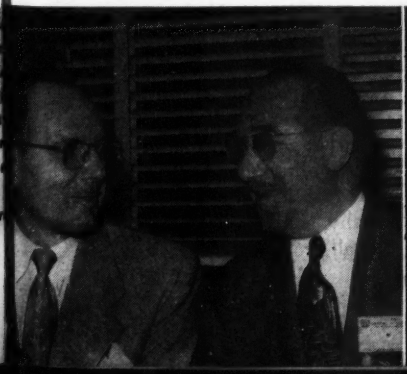


Harold H. Hayes (left) and Edwin W. Baumann (right) welcome Senator Harry F. Byrd of Virginia, speaker at first general session.

Right: Enjoying a visit with J. Floyd Alcorn (left) of St. Louis are Mrs. Hamilton B. G. Robinson of Columbus and Ralph E. Creig (right), Cleveland.

Below: Harold H. Hayes (left), General Chairman, discusses the 1952 Midwinter meeting with Samuel R. Kleiman, Secretary of the Chicago Dental Society.

Below: Robert J. Wells, Chicago, Past President, and Paul H. Wells, Skokie, Past Vice-President of CDS, with Captain Clay A. Boland (DC) USN, well-known song writer.



Q ASK Oral Hygiene A

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Caries Control

Q.—I should appreciate your answers or opinions on the following three questions:

1. Where is rhodium used in dentistry, if at all?

2. What is the usual procedure in taking care of this condition? A 15½-year-old girl is susceptible to dental caries, but keeps her teeth clean. Gold inlays are impossible for financial reasons. Bitewing roentgenograms show the start of caries at the mesial of the upper second bicuspid and distal of the upper first bicuspid. The explorer just catches. Is there any advantage in delaying restorative treatment? I had in mind preparing immediately a small distal-occlusal restoration in the upper first bicuspid and just a one-surface restoration in the upper second bicuspid previous to restoring the first bicuspid. I plan to use ammoniated silver nitrate first in cavities and on the proximal of the second bicuspid with amalgam as restoration.

3. What would you consider the usual and proper procedure or, what do you think the majority of dentists do in the following situation? A woman, age 50, has a slight interdental recession of the gingivae and bone tissue. She has all her teeth and is not susceptible to caries. There are only six restorations. Roentgenograms show caries in the distal of the upper first bicuspid. After the cavity and distal-occlusal gold inlay were prepared and just before cementing, a closer examination under a magnifier shows a small mesial area near the gingival of the upper second bicuspid is starting to decalcify. In fact, by pressing hard, an explorer will break in. Access for condensing a foil is poor unless a larger cavity is cut. I suggested and thought the following was good dentistry: Defer cementing the inlay, remove the decalcified area of the upper second bicuspid, prepare a shallow cavity, sterilize with ammoniated silver nitrate, insert amalgam, wait twenty-four hours, polish the amalgam, and then set the inlay.—C.R.F., Minnesota.

A.—Question 1: Upon advice of an eminent metallurgist, in the dental field, it can be said that rhodium is not used in dentistry.

Question 2: In such a case, the saliva should be analyzed for its bacillus acidophilus count, which probably will be high. The diet should be adjusted to a low carbohydrate content for three months. If the bacillus acidophilus count is then down to a hundred or less, the restrictions on carbohydrates can be relaxed somewhat. But, with a high susceptibility to caries, sugar in all forms should be kept at a minimum. Under this regime, caries probably will be reduced and all carious areas should be restored as soon as discovered.

Question 3: I believe it would be the general practice of good operators to care for this case just as you have outlined. We have many similar cases in which the small proximal surface restorations

WERNET DENTAL LORE

SEPT. 1952

Southern Asia witnessed the early dawn of civilization — in dentistry as in other fields of effort. Records show that dentistry was highly advanced in the ancient Indian world. Extractions, scalings, filling teeth, fitting artificial dentures, ligaturing loose teeth and even gingivectomy for pyorrhea were practiced; and such dental instruments as lancets, scalers, forceps and elevators were employed.

• • •

The first resin to be tried in the preparation of artificial dentures, by Dr. Stryker in 1924, was a phenol-formaldehyde product invented by L. H. Baekeland between 1907 and 1909.

• • •

When porcelain teeth were first introduced in France, in 1774, they were made in one block. But in 1808, an Italian dentist by the name of Fonzi, working in Paris, began making them singly; and when the French dentist Plantou brought some of them over with him to Philadelphia in 1817, the demand quickly exceeded the supply. It was a decade or more before the commercial manufacture of porcelain teeth was undertaken, the first successful entrepreneur in this field being S. W. Stockton (about 1830).

• • •

"Music hath charms..." indeed! Introduction of "functional" music in one dental school's clinic and laboratory has resulted in a 50% decrease in noise, in better student concentration, and in less patient apprehension.

• • •

Are dentists V. I. P.'s? Apparently they are, since leading American dentists will soon have the same public recognition as outstanding men of medicine, science, education, the arts and business, when a projected biographical "Who's Who" of them is published.

• • •

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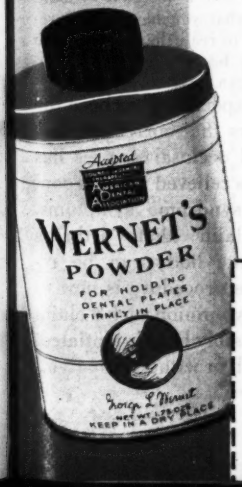

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have preserved the teeth for years. If caries occur around the small restoration, then you can make a two-surface restoration. But I should expect in the 50-year-old patient, not susceptible to caries, that the two-surface restoration would never have to be made.—GEORGE R. WARNER.

Mouth Distress

Q.—In the July 1951 issue of ORAL HYGIENE,[1] your answer to the question on xerostomia interested me because I have a condition that has not yet been diagnosed to my satisfaction. I am 49 years old, apparently in good health, but my mouth annoys me no end. I can only describe it as a puckerish and astringent feeling, as though I have been eating alum or drinking vinegar. There is saliva present, yet I keep licking my lips to relieve them of this bitter, puckering feeling. I have seen several physicians; one suggested vitamin therapy, another a mouth wash, and another thinks it might be some glandular involvement. But to date no relief.

I know my description is anything but accurate, but it is the only way I can describe it. The condition has existed about three weeks. I am on the point of trying your prescription, but decided to write instead. Any information you might be able to give me will certainly be appreciated. In the past, I have found Doctors Smedley and Warner helpful through ASK ORAL HYGIENE and again I hope you can tell me wherein lies my trouble.—L.B., Iowa.

A.—The condition of your mouth, which you describe so clearly, having been of only three weeks duration, may clear up spontaneously. In any event, it ought to respond to treatment and I would suggest the use of ascorbic acid. This comes in 250 mg. tablets and, as we find large doses most effective, I would suggest four tablets a day for a long enough period to establish its helpfulness or uselessness.

You say you have a flow of saliva, so you apparently do not have a classical case of xerostomia, and therefore, pilocarpine medication is not indicated.—GEORGE R. WARNER.

Condylar Adjustment

Q.—Under the subject of "Control of Condyle Position by Occlusal Scheme," Doctor Victor Sears of Salt Lake City states that altering the position of the condylar head may bring relief in hearing and condyle troubles. This much I am willing to accept since I have proved the results many times, and seen them proved.

However, there has come to my attention a claim that it is possible to relieve greatly a case of arthritis manifest throughout the whole body by this same means. If this claim is justified I should like to know what you have to say regarding it and to read the references to which you may be able to direct me.—I.W.W., Michigan.

A.—Our experience has been the same as yours that correcting jaw relations and occlusal stresses has in many cases relieved various condylar joint syndrome symptoms. But the claim that arthritis throughout the body can be relieved by this procedure is new to me, and in my opinion such a claim could not possibly be substantiated. Arthritis, with or without any treat-

[1]Xerostomia, Ask Oral Hygiene, ORAL HYGIENE 41:990 (July) 1951.

ment, is such a fluctuating and unpredictable disease that relief from acute symptoms in any particular case may be purely coincidental at any particular time, and often credit for a cure is given to a treatment or remedy that really has no probable merit when applied to a large number of other cases.—V. CLYDE SMEDLEY.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ XCVI

(See page 1295 for questions)

1. (c) 87 per cent. (McBride, W. C.: Juvenile Dentistry, ed. 4, Philadelphia, Lea & Febiger, 1945, page 286)
2. Dry socket—developing when the blood clot disintegrates or is washed out of the wound. (Thoma, K. H.: Oral Surgery, Vol. 1, St. Louis, C. V. Mosby Company, 1948, page 293)
3. (a) enlarge. (Sicher, Harry: Oral Anatomy, St. Louis, C. V. Mosby Company, 1949, page 121)
4. Overheating is a common cause of dehydration. (Faggart, H. L.: Consideration of Some Chemical and Physical Properties of Silicate Cements for Better Understanding of Material, D. Items of Interest **72**:679 [July 7] 1950)
5. (a), (b), (c), all. (Grossman, L. I.: Handbook of Dental Practice, Philadelphia, J. B. Lippincott Company, 1948, page 346)
6. True. (Leicester, H. M.: Biochemistry of the Teeth, St. Louis, C. V. Mosby Company, 1949, page 154)
7. No. (Stafne, E. C.: Dental Roentgenologic Aspects of Systemic Disease, JADA **40**:267 [March] 1950)
8. (a) aid in removal of loose food and debris. (Accepted Dental Remedies, ed. 16, American Dental Association, 1951, pages 138-140)
9. Because of the decrease of particle size and the corresponding increase in surface area attacked by mercury. (Mosteller, J. H.: Evaluation of Fine Cut Silver Alloys, Bul. Alabama D. A. **33**:12 [October] 1949)
10. (a), (b), (c). (Robinson, H. B. G.: Abrasion, Attrition, and Erosion of Teeth, Health Center J. Ohio State University **3**:24 [December] 1949)

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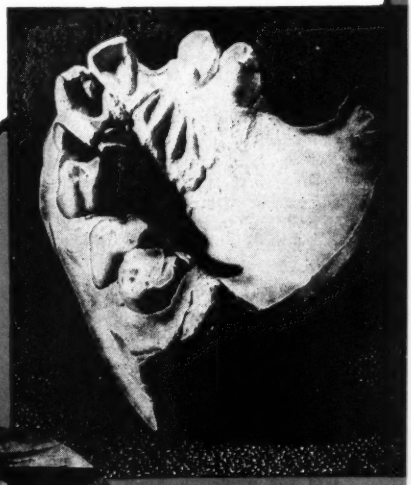

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LAFFODONTIA

She—"John I've got a lot of things I want to talk to you about—

He—"Good, I'm glad to hear it. Usually you want to talk to me about a lot of things you haven't got."

★

He (at football game)—"That fellow out there playing center will be our best man before the season is over.

She—"Oh, Jack, this is so sudden."

★

On a small service station out on the edge of a western desert hangs this sign: "Don't ask us for information. If we knew anything, we wouldn't be here."

★

Mother—"Jimmie, I wish you would run over and see how old Mrs. Smith is this morning."

Jimmie (returning)—"She said to tell you it was none of your business."

Mother—"Why, Jimmie, what in the world did you ask her?"

Jimmie—"Just what you told me to. I said you wanted to know how old she was."

★

Bragging about the wind in his state, the Texan said, "When it comes to blowing in Texas, the wind is so strong it sometimes blows people right out of their homes."

"Huh, that's nothing," said the Kansas man, "in my state it sometimes blows six days out of a week."

★

The coed was trying to freeze out the young fellow who wanted to marry her. Said she: "Circumstances compel me to decline a marital arrangement with a man of no pecuniary resources."

"Er", he stammered, "I don't get you."

"That's precisely what I'm telling you," was the icy reply.

"Do you pretend to have as good judgment as I have?" exclaimed an enraged wife to her husband.

"Well, no," he replied slowly, "our choice of partners for life shows that my judgment is not to be compared with yours."

★

Frosh—"I woke up last night with the feeling that my watch was gone, so I got up and looked for it."

Soph—"Well, was it gone?"

Frosh—"No, but it was going."

★

A date with a modern girl is an open and shut proposition; she's always eating.

★

"Bob and Anne are going to be married."

"Anne! Why, I thought she was one of those modern girls who don't believe in marriage."

"So did Bob."

★

Lou—"So you taught your wife to play poker?"

Don—"Yes, it was a swell idea! Last Saturday I won back nearly a third of my salary."

★

Aunt Jerusha—"Bildad, do you know that tomorrow will be the twenty-fifth anniversary of our wedding?"

Uncle Bildad—"Ye don't say so. What about it?"

Jerusha—"I thought maybe we ought to kill them two Rhode Island Red chickens."

Bildad—"How in tunket can you blame them two chickens for what happened twenty-five years ago?"

★

People who drink before they drive are putting the quart before the hearse.